## PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 SEP 1 9 2005 Alexandria, Virginia 22313-1450 (571) 273-2885 or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where adjusted in further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 07/14/2005 28120 7590 FISH & NEAVE IP GROUP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. **ROPES & GRAY LLP** ONE INTERNATIONAL PLACE BOSTON, MA 02110-2624 09/20/2005 CNGUYEN1 00000145 181945 09902453 Judith Herrick (Signature) 01 FC:1501 1400.00 DA (Date 02 FC:1504 300.00 DA September 16, 2005 FILING DATE FIRST NAMED INVENTOR CONFIRMATION NO APPLICATION NO. ATTORNEY DOCKET NO. 09/902.453 07/10/2001 Jeffrey Glenn Manni CLOG-P01-002 5474 TITLE OF INVENTION: SYSTEMS AND METHODS FOR SPECKLE REDUCTION THROUGH BANDWIDTH ENHANCEMENT SMALL ENTITY **ISSUE FEE PUBLICATION FEE** DATE DUE APPLN. TYPE TOTAL FEE(S) DUE NO \$1400 \$300 \$1700 10/14/2005 nonprovisional EXAMINER CLASS-SUBCLASS ART UNIT MAK, ROBIN C 2674 345-083000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Fish & Neave Ropes & Gray 2. For printing on the patent front page, list Group (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) CORPORATION FOR LASER OPTICS RESEARCH PORTSMOUTH, NEW HAMPSHIRE Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies Deposit Account Number (enclose an extra copy of this form).

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Authorized Signature

September 16, 2005

40,256 Registration No.

Wolfgang Stutius Typed or printed name

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